MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO: 10/584432

FILING DATE:

APPLICANT(S):

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1					51						
2		1						52						
3		2		1				53						
4		①		1				54						
5		①						55						
6		①		1				56						
7	1		1					57						
8				1				58						
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49								99						
50								100						
TOTAL IND.		↓	2	↓		↓		TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	8	←		←		TOTAL DEP.		←		←		←
TOTAL CLAIMS			10					TOTAL CLAIMS						

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